TRIBROMPHENOL.

A new substitution product, in which bromine and carbolic acid are combined, has recently been added to the very numerous agents already before the medical profession (*Deut. med. Wochen.*, quoted in *Therapeut. Monatshefte* for March, 1888).

DR. F. GRIMM finds tribromphenol an efficient antiseptic in skin diseases. It is slightly soluble in water. It is not irritating to the skin. Topically, it is an efficient application to wounds, to atonic granulations, and strumous ulcers. It is an efficient antiseptic, and unirritating topical remedy in catarrhal affections of the mucous membranes. It remains to be shown how effective it is as a poison to bacteria.

Although fitted especially for topical use, it promises well as an internal remedy in affections of the stomach and intestine.

MEDICINE.

UNDER THE CHARGE OF

WILLIAM OSLER, M.D., F.R.C.P. LOND.,
PROFESSOR OF CLINICAL MEDICINE IN THE UNIVERSITY OF PENNSYLVANIA.

ASSISTED BY

J. P. CROZER GRIFFITH, M.D.,
ASSISTANT PHYSICIAN TO THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

WALTER MENDELSON, M.D.,
PHYSICIAN TO THE ROOSEVELT HOSPITAL, OUT-DOOR DEPARTMENT, NEW YORK.

WEIL'S DISEASE.

FIEDLER (*Deutsch. Arch.*, B. 42, H. 4, 281) devotes some attention to the study of the febrile affection described by Weil in 1886, and since then discussed by Goldschmidt, Aufrecht, Wagner, Roth, and Haas, making a total of twenty cases. He then reports twelve more instances of the disease, which he has observed during the past eleven years, but which he was hitherto unable to classify. He does not believe that it is an abortive form of typhoid with icterus, as Weil has suggested; since, in an experience of about 5000 cases of typhoid fever, he has never seen a case beginning with severe general symptoms and chill develop icterus with swelling and tenderness of the liver on the second or third day, and then on the eighth or tenth day be completely free from fever, and convalescent. The author further emphasizes, as distinguishing it from typhoid, the pain in the muscles, especially in the calves; the typical temperature curve; the absence of catarrh of the lungs, the rapidity of the pulse, and various other symptoms.

After an extended discussion of the disease he draws the following conclusions from his own observations:

1. The disease first described by Weil in 1886 is an acute infectious or toxic affection, which has nothing in common with typhoid fever, or any other disorder. It is a morbus sui generis.

2. The disease begins quite suddenly, without prodromal symptoms, often with a chill.

3. Symptoms always present are: fever, headache, evidences of gastric disturbance, jaundice, and muscular pain (especially in the calves).

4. The fever has a typical course, and lasts eight or ten days. Sometimes, after the fall of temperature, which occurs by steps, a relapse of the fever is seen. The pulse is at first frequent, later subnormal.

5. The spleen and liver are commonly swollen, but not always; the latter is often tender on pressure.

6. Nephritis is often observed in this disease.

7. Herpes and erythema at times occur.

8. The disease has, in general, a favorable prognosis.

9. It attacks chiefly the male sex at the prime of life, and develops usually during the hot season of the year.

10. The cause of the disease is still entirely unknown; though the circumstance, that out of twelve male patients nine were butchers, makes it probable that butchers are more especially liable than other persons to be attacked by the agencies which produce the affection.

ACROMEGALIE.

ERB (*Deutsch. Arch.*, Bd. 42, Heft 4, 295) contributes an elaborate illustrated article on this very rare affection, which has been described under various names. He reports a new case of the disease with the greatest care, and gives tables of the measurements of numerous parts of the body, of the electrical reactions of various nerves, etc. He also details the subsequent history of the 2 cases described by Friedreich twenty years ago, and adds synopses of all the cases which have been hitherto published; in all 11 including his own.

In comparing these 11 cases we find that there have been 8 men and 3 women affected. All classes are liable to it, though it seems to attack the lower classes most especially. At any time of life, too, the disease may make its appearance. Thus, in 3 instances it was first noticed under twenty years, in 3 when between twenty and thirty, in 3 from thirty to forty, in 2 from forty to fifty. The development of the affection is slow and creeping. The initial symptoms which precede or accompany the enlargement of the extremities and the head are in most cases not very pronounced; consisting in a sense of weakness and tire, drowsiness, paræsthesia, and headache; and in some cases severe attacks of migraine, pain throughout the whole body, etc. The most striking symptom in all cases is the advancing enlargement of the extremities, particularly the colossal development of the hands and feet. The legs and forearms, especially in the region of the ankles and wrists, partake in the enlargement, as does the face, though chiefly in the lower part. The cause of the enlargement, is found in an overgrowth of the bones themselves, especially in their breadth and thickness. The skin is involved to only a slight extent, and never shows any thickening as in elephantiasis or myxœdema. Bones, other than in the extremities, are sometimes attacked—*e. g.*, the ribs, sternum, clavicles, and not seldom the vertebral column, which becomes curved and thickened. The bones of the face are almost always affected, particularly the lower jaw and the cheek bones. The thickening of the under lip, nose, and tongue is also almost constant. Enlargement of the ears, eyelids, larynx, and epiglottis is noted in some cases. Thickening of the femur, humerus, and scapula is rare, but the patella is almost always involved.

Among inconstant symptoms may be noticed, enlargement of the heart with asthmatic affections, albuminuria, thirst, weakness of the muscular system, disorders of sight, headache, diminution of intelligence, etc. Perhaps an important symptom is the affection of the thyroid, seen in 8 cases, in 6 cases it was atrophic, and in 2 hypertrophied. Finally, in 3 cases dulness in the upper sternal region probably indicated an enlarged thymus.

The course of the disease is slow, though sometimes rapid at first. It may slowly lead to death through some complication of the internal organs—probably an integral part of the disease—or it may remain stationary for decades.

The diagnosis is not difficult, as the disease is so well characterized. In *elephantiasis* the tissues of the skin are very much thickened and œdematous. In *myxœdema* the quality of the skin is very characteristic; turgid and swollen without being œdematous, partly pale, partly cyanotic. The face has a stupid expression, and is rounded instead of being oval, as in acromegalie; particularly is there no widespread hyperostosis. *Leontiasis ossea*, of Virchow, affects especially the bones of the skull, producing irregular bony tuberosities, and making a monstrosity out of the head. The extremities are uninvolved. In *osteitis deformans*, of Paget, the painful enlargement of the long bones is irregular, not symmetrical; and there is no enormous development of the hands and feet. Many cases of *arthritis deformans* resemble acromegalie superficially, but the latter disease has no true deformity of the joints, no tenderness, no grating, no exudate, etc.

Autopsies have been made in 3 cases, the following being the most important conditions noted: Widespread hyperostosis of the bones, and a tumor of the hypophysis cerebri in all 3 cases. In 2 cases there was hyperplasia of the brain, of the sympathetic and cerebral nerves, and in part of the spinal nerves. The thyroid and the spleen were enlarged in 2 cases, and the thymus in 1 case.

Erb concludes that the nature of the disorder is a hyperplasia of the most diverse tissues of the body; first of all, of the connective tissues, best seen in the bones. There is also hyperplasia of the brain and nerves, always this change of the hypophysis, certain alterations of the thyroid, and persistence and hyperplasia of the thymus. It seems clear that this widespread tissue growth must be an irritative process, and the question arises whence the irritation comes. It might be from outside—chemical or bacteriological in its nature; but this does not seem at all probable. The irritation might, on the other hand, be from within the body, either a tropho-neurotic influence from the diseased brain, nerves, sympathetic or hypophysis; or a chemical product irritating to the tissues, and derived from some disease of the large glandular organs of the abdomen; or, finally, a sending out by the persistent and enlarged thymus of tissue elements endowed with unusually great plastic energy. Erb discusses all of these hypotheses in detail, but concludes that none of them is satisfactory, and that the etiology of the disease is still completely in the dark.

As little is to be said of the therapy. Alterative drugs would seem to be indicated in the early stages, but tonic treatment will as often be called for, on account of the initial weakness and nervousness. In more advanced cases that medicine must be chosen which seems best to suit the individual case, and more than this cannot be said in the present state of our knowledge.

FRIEDREICH'S ATAXIA.

Three cases of this interesting disease are recorded by DR. G. B. SHATTUCK (*Boston Med. and Surg. Journ.*, February 16, 1888), one of them having come under his personal observation. This case, a boy, fourteen years of age, exhibited the first symptoms when eight years old. At this time he began to stumble when walking, and his gait was unsteady. The disease steadily advanced; affection of speech appearing when about twelve years old. Examination showed a well-nourished, intelligent boy exhibiting a markedly ataxic gait, ataxic movements of the hands, slight oscillations of the head, slight tremor of the tongue, and a jerky and ataxic speech. The knee-jerks were absent, plantar reflexes present, sensibility of the legs slightly diminished, and transition a little delayed. There was no atrophy or loss of muscular power, and no nystagmus. Lateral curvature of the spine was present. The parents are healthy, and there is a total absence of a history of nervous disease in the family connection. There were ten children in the family, and of these a brother of the patient, now twenty-four years old, began to exhibit slight unsteadiness in his gait when seven years old, and has now entirely lost the use of his lower limbs. A sister ten years old first complained of weakness, with palpitation of the heart, when five or six years of age; developing an awkward gait at the same time. She has also a curvature of the spine.

ORMEROD (*Brain*, January, 1888, p. 461) reports several cases additional to those he published a few years ago. One of these is, he admits, a doubtful case, as she presented, at the time of examination, but few evidences of Friedreich's ataxia, while some of the symptoms—as a spastic condition of the lower limbs, with increased patellar reflex and ankle clonus—contraindicated the existence of the disease. Two other patients were undoubted instances of it. These were children of the one first mentioned, and possessed a history of nervous disease in the antecedents, extending further back than the mother. The first, a man aged twenty-two years, was attacked three years before by the first symptom, an unsteady gait, appearing after some sort of fever. At the last examination he presented decided ataxia of the lower limbs with well-marked Romberg's symptom; no affection of the upper extremities; nystagmus; rather indistinct speech; no affection of sensation except a feeling as of a sponge under the feet, and no atrophy or paralysis. In the second case, the sister of the last, aged twenty-nine years, the affection of the legs dates from the age of five years, and increased greatly after scarlet fever at seventeen years; at which time the hands and speech also became involved. At the last examination made there was inability to walk; paralysis of the lower limbs with some atrophy; marked ataxia of the hands; nystagmus; slow, drawling, indistinct speech; no patellar reflex; no disturbances of sensation. There was also a peculiar expressionless appearance of the face. The patient has severe attacks of vomiting at times, as well as certain other sensations which she describes as "choking attacks." In a third patient, a female, though there was no other case in the family, and no history of nervous disease, the father was a drunkard. The first symptoms developed at about the age of sixteen or seventeen years, resembling chorea in some respects. When last examined she exhibited marked ataxia of the legs, inability to walk except when supported; Romberg's phenomenon, some deformity of the left foot, bluish congestion of the feet, ataxia of the hands, possibly some nystagmus, very slight affection of speech. There was no atrophy, no affection of sensation, no knee-jerk. In discussing the subject, Ormerod lays great stress on the influence of heredity in the broad sense of "family proclivity," though he refers to some cases in which direct similar heredity existed. He is, moreover, inclined to believe that intemperance in the parents or more remote ancestors is a predisposing cause, yet he admits the force of the objections against it. Acute febrile diseases also appear to play an important part in some cases. Deformity of the feet is quite frequently observed in the disease.

JOFFROY, in the *Bulletin Médical* of February 26, 1888, reports the latest case of which we have heard. The patient was a boy, aged nineteen. There is no antecedent history of nervous disease in the family. The father died of tuberculosis, and the mother probably of the same malady. One child, a sister, exhibited symptoms of Friedreich's ataxia at twenty-two years of age; the disease lasting fourteen years, and the subject finally dying of tuberculosis. The patient himself showed the first evidences of the affection in the legs at the age of ten years, and at fourteen had an incoördinate gait, with frequent falls. At fifteen years the upper limbs were involved, and affection of speech and scoliosis developed. When examined at nineteen years of age, he exhibited a gait like that of a drunken man; impossibility of walking in the dark; Romberg's symptom; exaggerated plantar, but abolished patellar reflexes. The cutaneous sensibility and the muscle sense of the lower extremities were unaffected. There was a tendency to talipes equinus, and to contraction of the extensors of the toes. The upper extremities were somewhat ataxic, and this was increased by excitement. There was a scoliosis to the right in the dorsal region. The right arm was decidedly weak and the muscles somewhat soft, while the electrical contractility was diminished. The speech was slow and drawling; there was partial paralysis of several of the muscles of the face, including the elevators of the eyelid. There was no alteration in the eyeground, though the visual fields were somewhat contracted. The head did not oscillate; the intellect was unaffected. The author then discusses briefly the disease in general, and points out its points of likeness to and difference from locomotor ataxia and disseminated sclerosis. A good, though not complete, bibliography is appended.

ACUTE ASCENDING PARALYSIS.

FÉRÉ (*La Semaine Médicale*, 1888, p. 73) reports a case of this disease in a man of forty-one years, of good family history, and in whom there was no discoverable cause, unless it be that he had for some months been very laboriously occupied. He was attacked by extreme weakness in the four limbs, without alteration of the cutaneous sensibility or of the muscle sense, and without pain. The pulse was 130, and on the next day became 200, while the temperature did not exceed 38° C. [100.2° F.]. The paralysis progressed rapidly, and caused complete abolition of all voluntary movements, with absence of the patellar reflex. Deglutition and micturition were not affected. An electrical examination showed that the faradic contractility of the muscles of the limbs and trunk was totally lost. Death occurred from suffocation six days after the onset of the disease.

THE TREATMENT OF SLEEPLESSNESS.

ECCLES (*Practitioner*, March, 1888) describes the various methods which he has employed during the past two years to produce sleep. Massage is a very valuable means of treatment to restore the *habit* of sleeping; but the object of this paper is to describe, outside of narcotics, the means used to produce an immediate effect. These means have been long and familiarly known, but their respective applicability to different disorders of sleep does not seem to be so well understood; and it is true that those which are adapted to one class of cases, may be useless or even harmful to another class. Patients who "constantly dream" and have but restless unrefreshing sleep, are often treated in various ways in the effort to overcome the partial functional activity of the brain. The best treatment is probably a hot bath taken immediately before the individual wishes to settle quietly for the night. To make it successful it is necessary that even the petty details be attended to. The room should be of a temperature of not less than 65° F., and the patient should be stripped and the head then douched with water at 100° F.; this chilling of the surface and heating of the head filling the brain with blood. The whole body of the patient, excepting the head, is then immersed in a bath of 105° to 110° F. for eight to fifteen minutes; then wrapped in blankets, taken to the bedroom, dressed in night clothes and put to bed with a hot bottle to the feet and the head well raised. In this way the *whole of the brain* undergoes a reduction of blood supply, and dreaming is prevented. The contra-indications to the hot bath are extreme emaciation or anæmia, atheroma, and aortic valvular disease. In these conditions a stimulant rather than a depressant to the nervous system is required, and Brunton has, therefore, recommended strychnia as a hypnotic.

Where there is organic heart disease or functional weakness of the heart and circulation, general corporeal massage at night will frequently produce sleep, particularly if precautions be taken that the surface of the body be not chilled. In certain other cases of insomnia depending on an overwrought and enfeebled nervous system there is hyperæsthesia, and vigorous kneading cannot be employed with benefit. In these instances general stroking of the back and limbs must be substituted; or gentle kneading of the abdomen, followed by a hot abdominal compress. This compress consists of two bandages four yards long, and one and a half yards wide; heated dry in a hot oven, and brought to the bedside in a covered jar. The end of one of them is dipped in water for as much of it as is necessary to cover the abdomen, applied to the surface, and the rest of the bandages wound around this. In still other cases of insomnia from prolonged overwork, mental distress, the morphia or chloral habit, etc., a condition appears in which massage of any sort applied in the evening must be omitted, since it only tends to increase the nervous excitement. Prompt action is necessary, yet drugs are useless. Under these circumstances there is no agent so useful as the wet pack carefully administered. The patient should remain in it twenty minutes to half an hour, and then, on opening the pack, should be quickly clothed in previously warmed night-clothes, and well covered in bed. Where the action of the pack is very rapid and transitory, its coverings should be sooner and more gradually removed, and the patient not allowed to become too warm in it.

By some one of these methods, followed by recumbent rest in bed, and absolute quiet, sleep may almost invariably be produced. The action is, however, only temporary, and for permanent restoration some other and radical treatment is required. Continued recumbent position in bed in a quiet room, away from social, business, or domestic cares, a carefully modified diet, and massage properly applied will, in the majority of cases, at last be followed by the happiest results.

THE ANATOMY AND PHYSIOLOGY OF STOMATITIS APHTHOSA.

E. FRÄNKEL (*Centralblatt f. klin. Med.*, No. 8, 1888) says that the etiology of aphthæ has been a subject of much discussion. The disease is supposed to be due to the previous formation of vesicles, to the deposition of a fibrillated subepithelial exudate, to a fibrinous exudate in the upper layers of the mucous membrane, and finally, to a necrosis and maceration of the epithelium. It seemed, therefore, best to reinvestigate the subject, and for this purpose the author employed four cases of aphthæ; three of which were in adults, one in a child. The ulcers after being excised, hardened, cut and examined microscopically, showed that all those elements were comprised in them which are characteristic of the fibrinous pseudo-membrane, as seen especially in diphtheria; and that we are, therefore, to regard the process as pseudo-diphtheritic in the sense of Weigert.

In this pseudo-membrane are found epithelial cells with the evidences of coagulation-necrosis, numerous leucocytes, and fibrin. It is formed at the expense of the dead epithelial cells and lies *upon* the true mucous membrane, and it is on this account that no cicatrix develops. Regarding the etiology of the affection, bacteriological investigation carried out in different ways shows that there are micrococci in the aphthous foci, consisting solely of the *staphylococcus pyogenes citreus*, or of *staphylococcus pyogenes flavus*. It seems probable that these microörganisms are the true cause of the morbid process, by their invasion and destruction of the epithelium. Other factors, such as dentition, gastric disturbances, acute exanthemata, etc., are only predisposing causes.

DICROTISM OF THE PULSE IN INSUFFICIENCY OF THE AORTIC VALVES.

GEIGEL (*Deutsch. Arch.*, Bd. 42 Heft 4, 391) reports an interesting case which shows that the presence of dicrotism in a compound valvular lesion is no proof that the aortic valves are not affected. The patient when first examined exhibited typical signs of pure aortic insufficiency, and her sphygmographic pulse-tracing was that characteristic of this affection. Later a fresh endocarditis developed, and then the signs of mitral regurgitation. A new tracing now revealed the presence of distinct dicrotism. The author explains this in the following manner: In simple aortic insufficiency the contraction of the arteries drives the blood back into the empty, dilated, and yielding left ventricle, and there is consequently no secondary pulse wave, or, at most, only a suggestion of one. If now the mitral valve becomes insufficient, the left ventricle drives a considerable portion of its blood during the systole into the auricle. The greatly distended and over-filled auricle then returns this at the very beginning of the diastole into the ventricle, and the ventricle, now on its part fully distended, offers a resistance to the mass of blood tending to regurgitate from the aorta. The secondary pulse-wave is, therefore, again produced, just as though the aortic valves were sound. It was interesting to note in the case reported that the endocarditis appeared later to heal, while the systolic murmur and the accentuated pulmonary second sound disappeared. A pulse tracing taken at this time showed the absence of dicrotism as when first examined.

PHYSIOLOGICAL VARIATIONS IN THE SHAPE AND POSITION OF THE LIVER.

SYMINGTON (*Edinb. Med. Journ.*, February, 1888) pursued a careful investigation of this subject by making frozen sections; and after a full discussion of it, illustrated by plates, draws the following conclusions:

Distention of the stomach causes certain definite alterations in the shape and position of the liver. The movement of the organ is a complicated one; but may be roughly described as a rotation around a vertical axis passing through the inferior vena cava. The left lobe and the anterior part of the right lobe undergo the greatest displacement. The suspensory ligament is relaxed and thrown into folds when the stomach is empty, but when it becomes filled, the liver glides to the right, and the ligament is made tense, and thus checks excessive motion of the organ. The round ligament and the left lateral ligament assist in confining the movements of the liver within a certain range. The vena cava and the Spigelian lobe are moved but little, if at all. It is probable that the gliding of the anterior surface of the liver toward the right side is associated with a corresponding backward movement of the right surface. Whether the stomach be empty or full, the liver always retains its general form, which is that of a triangular prism. The transverse diameter is, however, considerably diminished, and the vertical extent on the right side increased by any distention of the stomach. This increase in a vertical direction is the natural result of the compression of a plastic mass like the liver between a distended stomach and the right lateral wall of the abdomen.

ON THE OCCURRENCE OF RHABDITIDES IN THE URINE IN HÆMATURIA.

Scheiber-Stuhlweissenburg has described a microscopical round-worm—*rhabditis genitalis*—found in the urine of a woman, and seeming to come from the genitals, and not from the urinary tract; and Baginski last year reported a case of paroxysmal hæmoglobinuria in a child of three and a half years, in which the urine contained a peculiar worm, which Virchow stated was this rhabditis form of nematode. He was of the opinion that there was an etiological connection between the attacks of hæmoglobinuria and the presence of the worm.

Peiper and Westphal (*Centralblatt f. klin. Med.*, No. 8, 1888) describe another case of the same nature. A boy of nine and a half years, rather weakly, had had nocturnal enuresis frequently for two years. One month previously he had suffered from pleurisy; then suddenly developed a severe hæmaturia, a month later a second attack of hæmaturia developed, and three days after its onset an examination of the urine revealed the rhabditides, in addition to red and white blood cells and blood casts. The parasite much resembles the trichinæ, though smaller, but careful investigation showed it to be rhabditis. Examination of the blood, feces, and preputial secretion revealed neither parasites nor eggs. Although admitting the possibility of a connection between the occurrence of the parasite and the hæmaturia, the authors do not venture to assert it, and state that further researches must be made before this can be determined.

SURGERY.

UNDER THE CHARGE OF

J. WILLIAM WHITE, M.D,

SURGEON TO THE PHILADELPHIA AND GERMAN HOSPITALS; CLINICAL PROFESSOR OF GENITO-URINARY SURGERY IN THE UNIVERSITY OF PENNSYLVANIA.

Sterilized Dressings.

Dr. Schlange describes at some length (*Archiv für klinische Chirurgie*, vol. xxxvi., 1888) a series of experiments which led him to the conclusion first, that ordinary dressings thought to be aseptic are not so, but contain various species of germs, and next that the antiseptic action of many, if not all of these dressings, believed to result from the liberation in the wound secretions of the material with which they are impregnated, is no less unreliable. The majority of his experiments were made with sublimate dressings and appeared to show that when freely mixed with blood or albuminous fluids much of the antiseptic action was lost. There are, of course, certain methods by which dressing materials can be rendered absolutely free from bacteria; soaking in boiling water or in a sufficiently strong sublimate solution will effect this at once, and if we apply over a wound materials taken directly from boiling water or from the sublimate solution, and still wet, we may be sure we have put on a truly "aseptic" dressing. The disadvantages of the wet dressings are numerous, however; among them being the interference with the evaporation of the wound secretions and the tendency to produce eczema, and they should be reserved for special cases.

For routine employment we must depend on dry dressings. If, however, the wet sublimate gauze is taken, the layers separated from each other, hung up to dry, cut into the required sizes, rolled, etc., in every case infectious germs